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AN OUNCE OF PREVENTION: HEALTH CARE GUIDE FOR OLDER AMERICANS

AN INFORMATION PAPER

PREPARED FOR USE BY THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

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PREFACE

Older Americans spend three times more on health care than do younger Americans. As a result, individuals 65 and older have a particular stake in making decisions in this area that are cost effective. In today's world, however, reaching this goal can be challenging. Navigating the best course through an increasingly complex health care system requires tenacity, probing, and, above all, knowledge.

If you are 65 or older, or are involved in the health care decisions of a family who is, *An Ounce of Prevention* is intended for you. From Medicare to Medigap, Health Maintenance Organizations to nursing homes, and prescription drugs to hearing aids, this guide provides basic information on these and other health care topics of concern to older men and women.

This guide, however, is not meant as the final word. A comprehensive discussion of any of the health care topics within its covers could encompass an entire publication. In fact, the Committee has published papers devoted solely to a number of these topics, including Medigap, prescription drugs, and Medicare beneficiary rights. For additional information on these topics, we urge you to consult these and other references listed later in this publication.

An Ounce of Prevention has been designed to provide general information that should help you take a more active role in your health care. After all, the more you know, the more opportunity you have to save money and have a say in the health care issues that affect you and your family.

A number of individuals and organizations assisted in the preparation of this publication. First and foremost, the Committee would like to thank the Consumer Protection Division of the Maryland Attorney General's Office. A publication of the Division served as the model for *An Ounce of Prevention.* The Committee would also

like to thank the many individuals who reviewed drafts of this publication. These talented and dedicated people included Jim Firman and Anne P. Werner of the United Seniors Health Cooperative, Lucia DiVenere of Families U.S.A., Charles B. Inlander of People's Medical Society, Helen Savage and Shellah Leader of the American Association of Retired Persons, Gail Shearer of Consumers Union, Diane Archer of the Medicare Beneficiaries Defense Fund, and Samuel C. Vitale of New Jersey. Finally, credit is due to members of the Aging Committee staff, including Holly Bode, John Coster, Bonnie Hogue, and Jenny McCarthy. Jenny merits special praise for collecting and organizing masses of information and seeing this project through.

DAVID PRYOR,
Chairman.
JOHN HEINZ,
Ranking Minority Member.

CONTENTS

	Page
Preface	III
Medicare	1
Part A: Hospital bills	1
Part B: Doctor bills	2
Keeping doctor bills down	2
The best deal: Participating doctors	3
Filing Medicare claims	3
Know what is not covered	3
Low-income protections: the QMB program	4
For more information	4
Hospital tips	5
Choosing a hospital	5
Do not leave before you are ready	5
For more information	6
Health care provider billing	7
You can appeal	7
What about false billing?	7
Be organized	8
How to handle a health insurance dispute	8
Your physician	10
What to look for	10
If you change doctors	11
Get your money's worth	11
Shopping for a specialist	11
Nonphysicians usually cost less	12
For more information	13
Second opinions for surgery	14
How to find a second opinion doctor	14
Do not pay twice	15
For more information	15
Lab tests	16
Avoid unnecessary lab tests	16
Prepare yourself	16
Walk-in clinics	17
Convenient care for less	17
Prescription drugs	18
Ask for generics	18
Know how to take your medication	18
Keep your drugs from spoiling	18
Watch out for side effects	19
For more information	19
Eyeglasses	20
Shop around for eye doctors	20

	Page
Shop around for eyeglasses	20
For more information	21
Hearing aids	22
Test your hearing first	22
Hearing specialists	22
Beware of extraordinary claims	22
Beware of unscrupulous salespeople	23
For more information	23
Medigap insurance	25
Buyer beware	25
Tips on purchasing	26
You can cancel right away	27
Cancer/dread-disease policies	27
Indemnity/accident-only policies	27
For more information	28
Health maintenance organizations	29
Medicare and HMO's	29
Know the drawbacks	30
Shop around for the best HMO	31
For more information	31
Nursing homes	32
Making the best decision	32
Financing nursing home care	33
Other options	33
Long-term care ombudsman	34
For more information	34

MEDICARE

The Medicare program helps older Americans pay for both hospital and physician bills. When you apply for Social Security benefits at age 65, you are automatically enrolled in Medicare. If you do not qualify for Social Security, you can obtain Medicare coverage for a fee.

Medicare is managed by the Health Care Financing Administration (HCFA), a Federal agency within the U.S. Department of Health and Human Services. Your local Social Security office, however, can also respond to any questions you might have about the program. A number of private insurance companies, under contract with HCFA, are responsible for processing Medicare claims and ensuring that payments to hospitals and doctors are correct.

Medicare was not designed to pay 100 percent of your medical bills. Rather, it was intended to make health care more affordable. Even so, in 1988, Medicare beneficiaries paid an average of $2,100 a year for health care costs out of their own pockets. On the average, Medicare pays about 45 percent of an older person's health care costs.

Medicare has two parts: Part A, which covers hospital costs, and Part B, which covers the costs of doctors' services. Private insurance companies who contract with HCFA to process Part A hospital claims are called "fiscal intermediaries" and those which handle Part B doctor claims are known as "carriers".

Part A: Hospital Bills

Part A of Medicare provides hospital insurance. If you are covered by Social Security, you get Part A free of charge. If you are not a Social Security beneficiary, you must pay a monthly fee for Part A. If you fall in this latter category, and wish to obtain Medicare coverage, you can apply for program benefits at your local Social Security office.

For Social Security beneficiaries, there are no premiums under Part A of Medicare. However, beneficiaries

must pay a deductible: in 1991, you are required to pay the first $628 of your hospital bills before Medicare will pay. After more than 60 days of hospital care, you must also pay a sizeable copayment for each additional day of care.

In addition to hospital costs, Part A of Medicare also helps pay for home health care, hospice care, and skilled nursing care following a related hospital stay.

Part B: Doctor Bills

Part B of Medicare helps pay doctor bills, as well as the costs of certain medical equipment and laboratory tests. Everyone, including Social Security beneficiaries, pays a monthly premium for Part B. Also, you must pay the first $100 each year in bills for services covered by Part B, the program's annual deductible.

For doctor bills in excess of the $100 annual deductible, Medicare sets an amount that is allowable for each medical service. Medicare pays 80 percent of the allowed amount, and you pay the remaining 20 percent.

Keeping Doctor Bills Down

Medicare makes decisions about what a given medical service should cost and helps you pay that amount. Keep in mind, however, that some doctors charge their patients more than the Medicare-allowed amount. To avoid this from happening to you, find a doctor who will accept *Medicare assignment.* This means that your doctor will accept the Medicare-allowed amount for that service as payment in full. You, in turn, pay the doctor only your 20 percent share of that amount. Not a penny more.

It is up to you to ask your doctor to take Medicare assignment. If your doctor agrees—and many will if you ask—then you will minimize your out-of-pocket costs. So be sure to ask each time you go. Finding a doctor who takes Medicare assignment will go a long way toward reducing your doctor bills.

If your doctor refuses to accept Medicare assignment, you pay your 20 percent share *and* whatever additional amount the doctor charges above the amount allowed by Medicare. Over time, these additional charges add up.

There are some upper limits, however, on what a doctor who does not accept Medicare assignment can charge. Starting in 1991, under Federal law, doctors may not charge more than 125 percent of the Medicare fee except for certain limited services. In 1992, the charge will be held to 120 percent of the Medicare fee for all services, and, in the following year, 115 percent of that amount. There are some State laws that set even lower limits than the Federal law. You can find out from your Area Agency on Aging what limits are in effect on doctor fees in your State.

The Best Deal: Participating Doctors

Many doctors have entered into agreements with Medicare to always take assignment for their patients who are program beneficiaries. They are known as *participating doctors,* and they take the guessing out of whether a doctor will accept Medicare's fees as payment in full.

For a list of Medicare participating physicians in your community, contact your Medicare carrier and ask for a copy of the *Medicare Participating Physician/Supplier Directory.* The directory is free of charge. It is also available for review at your local Social Security office, Area Agency on Aging, and hospital.

Filing Medicare Claims

Under a new law, all doctors—even if they do not take assignment—are responsible for filling out and submitting the Medicare claims of patients who are covered by the program.

Know What Is Not Covered

Medicare does *not* cover the following (as of 1991):

—prescription medicines (except during a hospital stay).
—vitamins.
—dentures.
—routine dental care.
—first-aid kits.
—hearing aids and fittings.
—routine hearing and vision tests.
—eyeglasses (except after cataract surgery).
—elective cosmetic surgery.

—personal custodial care.
—homemaker services.
—routine foot care.
—preventive health care (except for pap smears and mammography screening).
—long-term nursing services.
—private duty nurses.
—health care outside of the United States (with limited exceptions).

Low-Income Protections: the QMB Program

Medical care is often costly, and for some older Americans, priced beyond their reach. If your income is far from adequate, you may want to look into a new program called the Qualified Medicare Beneficiary (QMB) program.

Under the QMB program, your State government pays the Medicare premiums, copayments, and deductibles of individuals who cannot afford these costs. To qualify, your income must be very low. If you participate in the Supplemental Security Income program, you probably are eligible for assistance. To find out more about this program contact your local State social services agency.

For More Information:

The Medicare Handbook. Health Care Financing Administration, Room 555, 6325 Security Boulevard, Baltimore, Maryland 21207. This document may also be obtained at your local Social Security office. **Free of charge.**

Medicare Made Easy: Charles B. Inlander and Charles K. Mackay (1989). People's Medical Society. Order through: Addison-Wesley Publishing Company, Department Med, Jacob Way, Reading, Massachusetts 01867.

Medicare: What It Covers, What It Doesn't. American Association of Retired Persons. (1989.) 1909 K Street, NW., Washington, D.C. 20049. **Free of charge.**

HOSPITAL TIPS

There are a number of issues to consider before selecting a hospital. If you do not have an emergency condition, or you are seeking elective medical treatment, take time to discuss with your doctor which hospital best meet your needs.

Choosing A Hospital

If you need complex medical treatment, you will want a hospital specializing in the surgical procedure that will treat your condition. As in all other fields, practice helps make perfect.

In this situation, a large teaching hospital may be your best option. Such institutions include a broad range of specialists and sophisticated diagnostic equipment, and they are designed to treat patients who are severely ill. The care they provide is based on the most advanced medical science. It is also costly.

For some complex medical procedures, such as a heart transplant, Medicare reimbursement is limited to certain, specified hospitals. Ask your doctor if the hospital under consideration is among them.

If you have a common problem that does not require specialized medical treatment, however, bear in mind that you may not need to receive treatment in a teaching hospital. It is not cost-effective for you, or Medicare, to pay for fancy medical equipment and services unless you can benefit from them. Ask your doctor whether a teaching hospital is necessary or appropriate in your case.

Do Not Leave Before You Are Ready

Be wary of physicians or hospitals who want to discharge you too soon following surgery, especially if you are elderly. Forcing a Medicare patient to check out of a hospital before he or she is physically ready is a violation of the law.

Can you actually refuse to leave the hospital? Yes. If you are a Medicare patient, you have the right to appeal the hospital's decision to discharge you. During your appeal, which usually takes 1 or 2 days, you can remain in the hospital.

How do you appeal? Inform your doctor or hospital representative that you wish to appeal your discharge. By law, your case must be reviewed according to a series of steps. These steps are outlined on a sheet of paper you should receive when you first enter the hospital. Be sure to ask for, and keep, this sheet. It is printed by Medicare.

If there is no one to help you at home, if you live in a remote area, or if there are other circumstances that would slow your recovery at home, be sure to tell your doctor. Such factors may help you obtain Medicare coverage for a longer hospital stay.

For More Information:

Healthy and Wise. An Information Paper. Special Committee on Aging. United States Senate. G–31, Senate Dirksen Office Building. Washington, D.C. 20510. **Free of charge.**

Knowing Your Rights. American Association of Retired Persons. (1988.) Publication Number D 12330. 1909 K Street, N.W., Washington, D.C. 20049. **Free of charge.**

Take This Book to the Hospital With You. Charles Inlander and Ed Weiner. People's Medical Society, 14 East Minor Street, Emmaus, Pennsylvania 18049.

Age Page: Hospital Hints. National Institute on Aging. NIA Information Center, P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

HEALTH CARE PROVIDER BILLING

Why check your doctor bill? The answer is simple—to save yourself money. If more people took the time to check their bills and to identify errors and overcharges, we would all end up paying much less for health care.

There is an easy way to keep track of how much your doctor charges. After your claim is submitted to Medicare, you will receive an *Explanation of Medicare Benefits* form. This statement should tell you what charges were submitted, how much is covered by Medicare, and what portion of the total bill you owe.

You Can Appeal

Examine your Explanation of Medicare Benefits form carefully. If Medicare's payment falls short of the amount you believe is owed, you have the right to appeal. If Medicare rejected your claim altogether, you can also appeal. Last year alone, over half the people who made appeals received more money.

It is easy to appeal a Medicare payment decision. Simply make a copy of the Explanation of Medicare Benefits Form, and send it along with a signed note requesting a review of the decision to your Medicare carrier. For higher levels of appeal, you may need some assistance.

You can obtain information about how to continue an appeal from your Medicare carrier or your local Social Security office. The number and address of your carrier is listed on the statement. (Also, a brief description of your appeal rights is outlined in *Healthy and Wise,* a publication of the U.S. Senate Aging Committee.) Do not be afraid to exercise your right to appeal. It may require persistence, but remember it is your right.

What About False Billing?

If you believe that your doctor may be billing Medicare for services you never received, contact the Medicare carrier that handled your claim. The telephone

number and address of the carrier is listed on the explanation of benefits form.

If you suspect fraud, you may call the Medicare Fraud Hotline. The Hotline is a toll-free number, operated by the Inspector General of the Department of Health and Human Services. In most cases, you may remain anonymous.

To call, dial: 1-800-368-5779. (In Maryland, call: 1-800-638-3986.)

Or, you may write to:

Office of Inspector General Hotline
Department of Health and Human Services
P.O. Box 17303
Baltimore, Maryland 21203-7303

Be Organized

Medicare, like other health insurance programs, can be complicated and difficult to understand. To help reduce confusion, it is a good idea to keep your Medicare and medical billing information in an organized file. This file should include your Medicare handbook, other health insurance policies, copies of bills, explanation of benefits statements, receipts or canceled checks, correspondence with Medicare regarding your coverage or claims, and letters sent to your doctor concerning a bill.

How To Handle a Health Insurance Dispute

What if your Medicare supplemental insurance policy will not cover your medical treatment? What if your premiums or coverage levels change without adequate notice? What if your reimbursement check is less than it should be? If you have these or other problems, you can take the following steps to correct them:

(1) Contact your insurance company.

(2) Contact your State Insurance Commissioner.

First, discuss the problem with your insurance company. Check the local Yellow Pages for the phone number of the company.

If you cannot resolve your dispute with the insurance carrier, get in touch with your State Insurance Commissioner. The Commissioner's office is usually located in your State capital. An investigation of your complaint will be made.

Make sure you send only *copies* of important documents (such as correspondence, bills, memos, your policy, etc.) to the Commissioner's office. Keep the originals in a safe place.

If you are not satisfied with the response from your State Insurance Commissioner, you may want to contact a legal service attorney to discuss your legal options. Contact your Area Agency on Aging for a referral.

YOUR PHYSICIAN

Good medical care requires a partnership between patient and doctor. In addition to seeking a doctor who will accept Medicare assignment, look for a doctor with whom you feel comfortable, a doctor with whom you can talk.

A good doctor will explain things in plain English. He or she will tell you why certain tests are needed. If you are ill, the doctor will explain your treatment options. A doctor who can clearly describe the risks and benefits of each option makes it possible for you to choose the best treatment.

Most important, a good doctor knows his or her limitations and will admit to *not* knowing all the answers. In this situation, he or she should be willing to help you find a specialist, when appropriate.

What To Look For

A good medical partnership can start even before you see the doctor. For example, when you telephone for an appointment, a courteous receptionist (or a hostile, rude one) is one clue to the atmosphere in the doctor's office. If you are treated with respect over the phone, chances are you will feel at ease in the office.

Whether you talk to the receptionist by phone, or ask the doctor directly, the following are some key questions to raise. The responses you receive will help you evaluate the doctor.

Will the doctor:

—accept Medicare assignment?
—accept your insurance company's reimbursement as full payment (where Medicare coverage doesn't apply)?
—accept emergency calls or appointments?
—be available for consultation by phone?
—allow a family member or friend to be with you in the examining room?

Is the Doctor:

—board-certified in his or her speciality?
—located near public transportation or public parking?

If You Change Doctors

If you change doctors, you may want to have your records sent to your new doctor. To do so, have your new doctor send a letter to your former doctor requesting a transfer of your medical records.

A request for records should include your full name, address, Social Security number and date of birth. It should also specify whether the entire record or just a summary of it is required. Your former doctor may charge a fee for copying and transferring your records.

Get Your Money's Worth

Although Medicare does not cover the costs of routine physical exams (with the exception of pap smears and mammography screenings), they are an essential part of taking good care of yourself. To get the most out of a physical exam, know what to expect of your doctor. A comprehensive physical exam has four parts: (1) a complete medical history; (2) the physical exam; (3) lab tests; and (4) a report back to the patient. All in all, it may take an hour or more to complete these steps.

When taking your medical history, your doctor may ask you about your home environment, your mental health, and personal habits, including diet, smoking, and exercise. If you are employed, be prepared to talk about your job and whether you are exposed to any chemicals, or excessive noise or stress.

Your doctor should discuss with you the results of your physical exam and tests, and advise you about any health problems and options for treatment. If you need to follow-up with a specialist, he or she should be willing to provide you with a referral.

Shopping for a Specialist

When seeking a specialist, it is wise to obtain referrals from a reliable source, such as your own doctor, the county medical society, local hospitals, health agencies, and consumer organizations.

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Also, medical specialists are listed in the Yellow Pages by specialty under the general heading of physician. Keep in mind, however, that the phone company does not verify the credentials of physicians who are listed. In the past, abuses have occurred. Some doctors who listed themselves as specialists were not trained or qualified as specialists.

Fortunately, there is a toll-free number (1–800–776–2378) that you can call to check on whether a physician is certified to practice in the specialty under which his or her name is listed. The telephone line is operated by the American Board of Medical Specialists.

In addition, by the Spring of 1991, all telephone directories will include a new section in the Yellow Pages that will list only specialists who are board certified. This section will be clearly marked, but if you have any doubts just call the American Board of Specialists' toll-free number. You can also find out if a specialist is qualified by checking with your State's licensing board for that specialty.

Nonphysicians Usually Cost Less

Not every health problem needs the same level of care. Many problems can be expertly treated by someone other than a medical doctor, and often at a lower cost. In addition to a physician, consider nonphysician health practitioners, especially if Medicare does not cover the service you are seeking. Depending on your need, there may be a number of such practitioners from which to choose.

Take a routine eye exam, for example. Medicare does not cover this cost, and if you needed an eye exam you could visit an optometrist (a vision specialist who is not a physician) or, an ophthalmologist (a physician who specializes in treating eye diseases). Optometrists often charge less for a routine eye exam, and in the absence of complications this might be your best choice. However, an ophthalmologist might be worth the extra money if you are worried about eye disease, have had an eye injury, or have a health problem that is affecting your vision.

You will need to use your own judgment in deciding which health practitioner, physician or nonphysician, best meets your needs. For guidance, you can contact

your family doctor and any nonprofit association that specializes in the health issue of concern to you. To find out if Medicare covers the service and providers you are considering, check your Medicare Handbook (available through your local Social Security office).

For More Information:

Age Page: Finding Good Medical Care for Older Americans. National Institute on Aging. NIA Information Center. P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

How to Choose A Doctor, People's Medical Society Health Bulletin. People's Medical Society. 14 East Minor Street, Emmaus, Pennsylvania 18049.

Age Page: Who's Who in Health Care. National Institute on Aging. NIA Information Center. P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

SECOND OPINIONS FOR SURGERY

What would you do if your doctor told you that you needed major surgery? In years past, you probably would have packed up your bathrobe and toothbrush and checked into a hospital. Today, more and more people are getting a second opinion to ensure that the recommended surgery is absolutely necessary. After all, why go through all the discomfort, anxiety, lost time and risk of a poor outcome—not to mention the expense—if you do not have to?

Do not be embarrassed or feel that you may offend you doctor if you seek another opinion on a nonemergency surgical procedure he or she is recommending. A second opinion provides the extra help you need to make an informed decision. Even if your doctor resists the idea of a second opinion, do not hestitate to get one. By preventing unneeded procedures and identifying alternative treatments, second opinions can actually result in higher quality care. Medicare will pay for second opinions just as it does other covered services—80 percent of the allowable charge.

The key question to ask your second opinion doctor is: **What are the alternative treatments?** Compare the risks and benefits of the surgery under question with those associated with the treatment options. Only then, can you make an informed decision.

When both doctors disagree, you may need to obtain a third opinion. Medicare will also help pay for the cost of a third opinion.

How to Find a Second Opinion Doctor

When you face surgery, you need an objective second opinion. You need an independent evaluation of your case from a physician who is totally unconnected—both professionally and financially—to your doctor.

If you live in a rural area, you may need to travel to the next town or across the county line. If you belong to a Health Maintenance Organization (HMO), you may

encounter some difficulty when seeking an independent second opinion. HMOs normally refer you to one of their own doctors. If you want an outside doctor, you should discuss this with the HMO director.

Try to locate a board-certified physician when you seek a second opinion. Board-certified doctors have additional years of training in their specialty.

Here are some steps you can take to help locate a second opinion doctor:

—Call Medicare's Second Opinion Toll-Free Hotline: 1-800-638-6833. (In Maryland, call: 1-800-492-6603.)

—Contact your State or local medical society.

—Call the community hospital in the town next to yours. Ask the hospital to refer you to a doctor in that town.

—Ask friends and co-workers for the names of specialists they can recommend.

—Contact the nearest medical school. Explain your needs. Ask for a consultation with a specialist.

Do Not Pay Twice

You can save a lot of money when you get a second opinion by avoiding duplicate tests. Ask your doctor to send copies of your medical records, x-rays, and lab tests to the second opinion doctor. That way you will not be charged twice for the same test. This information also helps the consulting doctor to render an expert opinion.

For More Information:

Getting a Second Opinion. HCFA Pub. No. 02114. Surgery HHS, Washington, D.C. 20201. Also available at your local Social Security office. **Free of charge.**

Age Page: Considering surgery? National Institute on Aging. NIA Information Center. P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

So Your Doctor Recommended Surgery. John Lewis. (1990.) New York. Dembner Books.

LAB TESTS

Five billion lab tests are performed each year. This is more than 20 per person. Are all of them necessary? Probably not.

There are many simple, inexpensive lab tests that are considered standard. Among these are blood and urine tests for diabetes, stool tests for colon cancer, and bacterial cultures for strep throat.

Medicare covers the costs of lab tests only under limited circumstances. The costs of lab tests are covered if you are in the hospital, or if diagnostic tests are part of your treatment. However, program coverage generally does not extend to tests that are part of a routine physical examination. (The only exceptions apply to pap smears and mammography screening.)

Avoid Unnecessary Lab Tests

It is wise to avoid unnecessary lab tests. Question the need for lab work, especially if you have had the same test recently. Ask your doctor whether the test results will affect his or her choice of treatment. If the answer is no, and you will be getting the same therapy anyway, why pay for what may be a needless test?

Prepare Yourself

Be sure to ask your doctor exactly how to prepare for the lab test. Some tests require that you abstain from eating for 12 hours before, while other tests call for a special diet or to stop taking all medications. If you do not follow directions, the results may not be valid, and you may wind up having to take, and pay for, the same test twice.

WALK-IN CLINICS

Convenient Care For Less

A small but growing number of walk-in clinics are springing up in many communities. They serve mostly healthy individuals who come in for minor injuries, colds, and common office procedures. On average, walk-in clinics cost less than half of what a hospital emergency room costs, but slightly more than a doctor's office.

Walk-in clinics offer one-time treatment. They are not staffed to oversee the treatment of longstanding health problems, and no arrangements are made for follow-up care. If you have a family doctor, it may be preferable—and cheaper—to see your own doctor for these kinds of problems.

However, walk-in clinics do offer distinct advantages: They are usually open evenings and weekends, and you do not need an appointment to see a doctor. Most walk-in clinics can also provide physical exams required by life insurance companies and employers.

Remember, walk-in clinics are *not* equipped to handle major emergencies. They are *not* emergency rooms.

PRESCRIPTION DRUGS

To alleviate health problems many older persons take prescription drugs, often several at the same time. Because Medicare does not cover the costs of these medications, except when a beneficiary is in the hospital, they can add up quickly.

Ask for Generics

To save money, request generic drugs. Generic drugs contain the same active ingredients as the more costly "brand-name" drug. To ensure that you get the highest quality product, ask for "A-rated" generics. The government has certified that these products are identical to the brand-name drug.

Like brand-name drugs, generics can vary in price from store to store and among mail-order companies. For this reason, to get the best deal you should shop around.

In some cases, your doctor may want you to take the more expensive brand-name drug. Be sure you understand the reason why. Keep in mind that some drugs are unavailable in generic form.

Know How To Take Your Medication

To get your money's worth from a prescription drug, you must understand how to take it. Be sure to ask your doctor or pharmacist how to take the medication properly. Find out how many pills you should take each day and when they should be taken.

Many drugs do not work as well when taken with certain foods, alcohol, sleeping pills, cold remedies, or other prescription medicines. Ask your doctor or pharmacist if your medication requires you to avoid any particular food or drug.

Keep Your Drugs From Spoiling

Heat and moisture can destroy the active ingredients in some drugs. Avoid storing your medication near a heat source such as a stove or on top of a refrigerator. The bathroom may also be a poor place to store drugs

because of the steam from the bath or a shower. A cool, dry place is best.

Watch Out for Side Effects

Unwanted side effects from drugs are not uncommon among individuals 65 or older. For one thing, many older persons take a number of different medications. For another, metabolism and elimination of drugs slows with age. A drug dosage or combination that is harmless in a younger person can cause problems for an older person.

Always ask your doctor or pharmacist what the possible side effects of a medication are and what to do if any of these occur. Also, be sure to let your doctor know which drugs you are already taking. You can have your pharmacist list the name and dosage of each drug. Or, you can bring all your medicines with you to the doctor. Do not forget to mention any over-the-counter products like nosedrops, antacids, and aspirin you may be taking.

Above all, if you are allergic to any drugs be sure to tell your doctor. If you experience any unusual symptoms—from irritability to memory loss, depression or insomnia—report them at once to your doctor.

Last, but not least: Ask your doctor whether you can safely drive a car or operate other machinery while taking medication.

For More Information

You and Your Medicines: Guidelines For Older Americans. An Information Paper. Special Committee on Aging. United States Senate. G–31, Senate Dirksen Office Building. Washington, D.C. 20510. **Free of charge.**

Worst Pills/Best Pills. Sidney M. Wolfe, M.D., et al. (1988.) Public Citizen Health Research Group. 2000 P Street, N.W., Suite 700, Washington, D.C. 20036.

Age Page: Safe Use of Medicines by Older People. National Institute on Aging. NIA Information Center. P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

How to Choose a Pharmacist. People's Medical Society Health Bulletin. People's Medical Society. 14 East Minor Street, Emmaus, Pennsylvania 18049.

EYEGLASSES

Although declining vision cannot usually be prevented, early detection of eye problems can help keep vision loss to a minimum. According to eye specialists, it is a good idea to have your vision checked once every 2 years, especially if you drive. If you have diabetes or a family history of eye problems, more frequent exams may be advisable. Check with your doctor for his or her recommendation on the frequency of an eye exam.

Fortunately, many visual problems can be corrected with glasses. While the majority of older persons wear glasses, as many as one in four may be using the wrong lens prescriptions. An eye exam can ensure that your prescription is the best one for you.

Medicare does not cover the cost of eyeglasses (except after cataract surgery) or routine vision exams.

Shop Around for Eye Doctors

There are two types of eye doctors: optometrists and ophthalmologists. Optometrists, who are not M.D.'s, are vision specialists. Ophthalmologists, who are M.D.'s, specialize in diseases of the eye. While both can check your eyes for glasses and contact lenses, detect color blindness, and test for depth perception and glaucoma, only ophthalmologists can perform eye surgery and prescribe drugs. Because fees vary greatly between these practitioners, compare prices for services that are available from both.

If you need glasses, ask your practitioner for an extra copy of your prescription in case you need to replace your glasses in an emergency.

Shop Around for Eyeglasses

Once you have your prescription in hand, you can have it filled at a variety of places: optician shops, vision centers, or department stores. Differences in price usually relate more to fashion than to quality.

Also, ask the eyeglasses store whether you can have adjustments made free of charge.

For More Information

Age Page: Aging and Your Eyes. National Institute on Aging. NIA Information Center. P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

The Gadget Book: Ingenious Devices for Easier Living. AARP Books. Scott, Foresman and Co., 400 S. Edward Street, Mt. Prospect, Illinois 60056. (This book describes the wide array of inventions—including, Talking Books, special television sets, nonslip treads, and simple rails—to help individuals who have diminished vision with everyday living.)

The National Eye Institute, the Federal Government's principal funding agency for eye research, distributes related information to the public **free of charge.** NEI Information Office, Building 31, Room 6A29, Bethesda, Maryland 20892.

The National Eye Care Project (NECP) provides free or low-cost eye care to persons 65 or older. To find out about the project in your area write to: The National Eye Care Project, the American Academy of Ophthalmology, P.O. Box 7424, San Francisco, California 94120. Toll-free number is: 1-800-222-EYES.

The Better Vision Institute is a nonprofit education organization that provides information to the public about prevention, detection, and treatment of eye diseases. The Better Vision Institute, 230 Park Avenue, New York, New York 10169.

HEARING AIDS

Medicare does not cover the costs of routine hearing tests, nor those of buying and fitting a hearing aid. Making careful decisions in this area will help keep costs down and ensure that you have the best hearing aid for the price.

Test Your Hearing First

Under Federal law, your hearing must be evaluated by a doctor before you buy a hearing aid unless you sign a statement saying you have waived that protection. **Do not sign it.** Your signature waives a protection you may need. It is important to have your hearing tested by a licensed health professional so you can find out the cause of your hearing loss and what is needed to correct the problem.

Hearing Specialists

There are three types of licensed health professionals who can test your hearing: audiologists, otologists, and otolaryngologists. Audiologists are trained to test and evaluate your hearing. They are not doctors. Otologists are ear specialists, and otolaryngologists are ear, nose, and throat specialists. Both of these practitioners hold medical degrees and can test your hearing, perform surgery, and treat diseases of the ear.

Beware of Extraordinary Claims

Hearing aids and batteries can be expensive. Some hearing aids cost as much as $1,500. To protect yourself from unexpected costs, find out exactly what is included in the price of the hearing aid, and get it in writing. As with any consumer purchase, beware of extraordinary claims. Ask if there are any extra charges for molds, accessories, or adjustments. Also, find out about maintenance, follow-up checks, and free inspections.

Beware of Unscrupulous Salespeople

Some individuals have been cheated out of thousands of dollars by less than reputable hearing aid salespeople. Consumers have been sold used hearing aids as new, while others never received the hearing aid they ordered and paid for. To protect yourself, ask the salesperson for a business card with the company's name, address, and phone number. Call the company to verify that the salesperson represents them. As a further precaution, check out the company with the Better Business Bureau.

Compare different warranties before you choose a particular hearing aid. Also, ask for a trial period to determine if the hearing aid is comfortable to wear and functions properly. You may need a month or so to fully evaluate the product.

If you do decide to purchase a hearing aid, do not pay cash. Always pay by check or credit card. That way if a problem arises you can stop payment. Make your check payable to the company, not the salesperson. Also, pay as little as possible for the deposit, and be sure to get a receipt.

For More Information:

Age Page: Hearing and the Elderly. National Institute on Aging. NIA Information Center. P.O. Box 8057, Gaithersburg, Maryland 20898. **Free of charge.**

Product Report: Hearing Aids. American Association of Retired Persons. (1989.) 1909 K Street, N.W., Washington, D.C. 20049. **Free of charge.**

Have You Heard? Hearing Loss and the Aged. American Association of Retired Persons. (1984.) 1909 K Street, N.W., Washington, D.C. 20049. **Free of charge.**

The Better Hearing Institute is a nonprofit organization that provides information **free of charge** to the public on hearing loss, as well as a list of health care professionals in your area that specialize in hearing problems. The Institute is located at 5021-B Backlick Road, Annandale, Virginia 22003. The Institute can also be reached by calling 1-800-424-8576, a toll-free number.

Self-Help for Hard of Hearing People. SHHHP is a nationwide organization that publishes a bi-monthly newsletter on hearing impairment and related research. The organization is located at 7800 Wisconsin Avenue, Bethesda, Maryland 20892.

MEDIGAP INSURANCE

On average, Medicare pays less than half of an older person's annual health care bills. To help fill gaps in program coverage close to three out of every four older Americans purchase Medicare supplemental insurance. When considering buying additional insurance, keep in mind the limitations of these so-called *Medigap* policies.

Even the best Medigap policy insures you against only a portion of the costs not covered by Medicare. This is because Medigap policies typically cover services only after Medicare pays first. If Medicare denies payment for a service, the Medigap policy also may not pay.

One of the biggest misunderstandings about Medigap policies is over coverage of nursing home care. Such policies do *not* cover the costs of long-term nursing provided to elderly persons who are no longer able to take care of themselves, otherwise known as *custodial care.* Nor does Medicare.

Medicare only covers the cost of skilled care in a nursing home for 100 days following a related hospital stay. Medicare supplemental policies are available that extend the period of coverage for such *skilled nursing care.*

Buyer Beware

Selecting a proper Medigap policy can be difficult. Too often, many older people buy inappropriate insurance protection, paying too much and ending up with overlapping policies.

Door-to-door salespersons may press you to purchase supplemental health coverage you do not need. Do not let fears or anxiety about possible illness lead you to spend money on a useless policy. Be wary, too, of famous celebrities on television urging you to buy supplemental coverage that is unnecessary.

Of particular concern are policies that can cancel your coverage for any reason. Watch out for clauses

that authorize the insurance company to eliminate coverage for a health condition you had before you bought the policy. A policy may refer to this health problem as a pre-existing condition.

Last of all, do not believe anyone who claims that a Medigap policy is a government-sponsored program. It is not. What's more, any insurance salesperson pretending that he or she is from Medicare or any government agency is breaking the law.

In addition, any agent who knowingly sells you a Medigap policy that duplicates either your Medicare coverage or any private insurance you have is subject to criminal penalties. If you own Medigap policies with overlapping benefits or have ever had an agent tell you that he or she represented Medicare or a government agency, notify your State Department of Insurance.

Tips on Purchasing

Before you purchase a Medigap policy, identify Medicare's gaps to determine what you need in additional coverage. Study whether the policy in question provides the additional coverage. In general, a single comprehensive policy is better and less costly than several policies with overlapping coverage.

In addition to the premium, examine any waiting periods, pre-existing conditions, exclusions, and maximum benefit clauses. These clauses limit your coverage, and they may be written in language that is hard to understand. Go over the fine print with someone you trust and who is knowledgeable in this area. Make sure you fully comprehend these contract limitations before you buy a policy.

In most States, insurance agents must be licensed by the State and must carry proof of licensing showing their name and the company they represent. Ask whether they belong to any professional organizations so you can check their credentials.

Think twice before buying mail-order policies. Do not assume they are necessarily better than those available from other sources. Often, mail-order policies provide very limited benefits.

Investigate "senior citizen" organizations selling Medigap policies. Although some of these groups may be le-

gitimate, others may be only fronts, posing as a retiree organization to lure your business.

Do not pay cash for a Medigap policy. Write a check or money order payable to the insurance company, not the insurance agent. Also, do not pay for the annual premium until you have received the policy.

You Can Cancel Right Away

By law, you can cancel your Medigap policy up to 30 days after receiving it in the mail. To do so, send the policy back to the agent or company within this time period. There is no penalty. Further, you are entitled to receive a refund.

Cancer/Dread-Disease Policies

Be wary of buying disease-specific policies, such as cancer insurance. This type of supplemental health insurance pay benefits under very limited circumstances. Most of these policies are a waste of money, as care for cancer and a number of other diseases is already covered by Medicare and a good Medigap policy. For this reason, some States have banned the sale of disease-specific policies.

Indemnity/Accident-Only Policies

An indemnity policy generally pays you a fixed amount of money for each day of your hospital stay. The problem, however, is that the amount this kind of policy pays is too little—$20 to $30 per day—to truly help you pay your bills. At the same time, the amount you pay in premiums is likely to be much more than you will ever receive in benefits. If you are already covered by Medicare and a good Medigap policy, an indemnity policy can be a waste of money.

Do not be taken in by misleading TV commercials selling indemnity policies. Some older persons have purchased these policies, mistakenly believing they were buying health insurance. These policies are *not* Medicare supplemental insurance policies.

Accident-only policies provide coverage for death, dismemberment, or hospital and medical care due to an accident. They are not designed to pay routine health care costs. As a result, these policies are of limited value to most persons.

For More Information:

An Information Paper: Purchasing Medigap Insurance. Special Committee on Aging. United States Senate. G–31, Dirksen Senate Office Building. Washington, D.C. 20510. **Free of charge.**

Medicare Supplemental Insurance, People's Medical Society Health Bulletin. People's Medical Society. 14 East Minor Street, Emmaus, Pennsylvania 18049.

Long-Term Care: A Dollar and Sense Guide. Susan Polniaszek. (1989.) United Seniors Health Cooperative. 1331 H Street, N.W., Washington, D.C. 20005.

Guide to Health Insurance for People with Medicare. Publication No. HCFA 02110. U.S. Department of Health and Human Services, Health Care Financing Administration, Baltimore, Maryland 21207. **Free of charge.**

Your **State Insurance Department** or **State Agency on Aging** are important sources of information on Medigap insurance. They may also be able to direct you to any State or local health insurance counseling program.

HEALTH MAINTENANCE ORGANIZATIONS

A Health Maintenance Organization (HMO) is a combination of an insurance company and a provider of health services. Like an insurance company, an HMO provides coverage for medical bills. Like a doctor and hospital, an HMO also delivers health care services.

HMO members do not pay any hospital bills, and only a small, if any, fee for doctor visits. Instead, the HMO covers these costs. What you *do* pay, however, is a monthly membership fee. Also, you agree to only use the health care services provided by the HMO, except in emergencies. There are little or no out-of-pocket costs associated with HMO's.

HMO's encourage their members to see a doctor before a health problem becomes serious. That is why general check-ups are included in the services available through an HMO. If you need to see a specialist, the HMO will refer you to one and will pay for the visit.

MEDICARE AND HMO'S

In recent years, growing numbers of older Americans have joined HMO's. In 1988, close to a million persons with Medicare coverage were members of an HMO, many of which were under contract with Medicare. To keep down health care costs, Medicare will likely continue encouraging beneficiaries to consider enrolling in an HMO.

As a Medicare beneficiary, the primary advantage of joining an HMO is that you will be charged little, if anything, for care from a doctor, hospital or skilled nursing facility through your HMO. If you do have to pay a copayment, it typically will be far less than what you would otherwise have to pay under Medicare. However, as a member of an HMO you must continue to pay your regular monthly Medicare Part B premium, which changes every year.

Also, if you join an HMO, your Medigap policy that pays all or part of the deductible and copayments under Medicare may no longer be necessary. In many cases,

this can mean significant savings. Before canceling, however, make sure you fully understand the terms of your HMO and that you can re-enroll in the same Medigap policy if you later cancel your HMO membership. For assistance in this area, contact your local health insurance counseling program or your Area Agency on Aging.

As a Medicare beneficiary, you will not lose coverage for any benefits if you choose to enroll in an HMO. Further, no matter how sick you become or what illnesses you develop, an HMO cannot cancel your benefits or membership.

Know the Drawbacks

HMO's have some major drawbacks. Members must see only HMO-affiliated physicians and go only to HMO-affiliated hospitals, except in emergencies. In addition, appointments for annual physical exams and routine check-ups may have to be made far in advance. In some cases, it could take months.

Because HMO members must receive all their care from the HMO and its affiliated doctors, this could be inconvenient if you do not live nearby. In particular, individuals living in a rural area typically may not be within convenient distance of an HMO. Also, if you have been seeing the same family doctor for years and you are satisfied with the care you have received, you may not want to switch to an HMO doctor.

HMO's usually will not cover the costs of health care while you are away from home if you could have received the care before leaving, or safely have postponed receiving it until your return, from your HMO. For emergency care, however, the HMO will pay for care from a nonaffiliated provider.

If you move out of the area that is serviced by the HMO, or if you fail to pay the monthly premium, your HMO can cancel your membership. Should you want to quit the HMO, however, you only have to fill out a withdrawal form. It may take 1 or 2 months to process.

Shop Around for the Best HMO

Like everything else, HMO's vary in quality. Find out about their services, costs, and location before you make a decision to join. Ask those you know who use an HMO

whether they are satisfied with the health care they receive.

To locate HMO's that participate with Medicare in your area, contact your local Social Security office. You can also call local HMO's and ask them about their policies with Medicare. Often, an HMO has a person specially trained to answer questions of concern to Medicare beneficiaries.

Joining an HMO is a major decision. The publications listed below will go a long way toward helping you weigh the advantages and disadvantages of this health care option.

For More Information:

Medicare and Prepayment Plans. Health Care Financing Administration. Room 555, 6325 Security Boulevard, Baltimore, Maryland 21207. Publication Number: 488339. This publication can also be obtained at your local Social Security office. **Free of charge.**

The ABCs of HMOs, People's Medical Society Health Bulletin. People's Medical Society. 14 East Minor Street, Emmaus, Pennsylvania 18049.

Choosing an HMO. American Association of Retired Persons. 1909 K Street, N.W., Washington, D.C. 20049. **Free of charge.**

More Health For Your Dollar: An Older Person's Guide to HMO's. American Association of Retired Persons. 1909 K Street, N.W., Washington, D.C. 20049. **Free of charge.**

NURSING HOMES

Finding the right nursing home is not an easy task. Making an informed decision in this area takes time, so it is wise to begin the search for a suitable home early.

Making the Best Decision

First, consult with your doctor to determine the level of care that is needed, and what combination of services is required. Next, obtain a list of the licensed nursing facilities in your area. You can do so by looking through the Yellow Pages of your phone book or by contacting your Area Agency on Aging, long-term care ombudsman, or State Department of Aging.

You may also want to consult *Medicare and Medicaid Nursing Home Information,* a national directory of nursing homes published by the U.S. Department of Health and Human Services. The multi-volume directory provides information that can help you evaluate the homes in your State. It is available at your public library.

With a list of nursing homes in hand, you can then begin screening each facility over the telephone. For example, you can inquire about the type of care offered, the availability of beds, monthly charges, and whether the home accepts Medicare and Medicaid.

Once you have narrowed your choices, the next step is to visit the nursing homes under consideration. During your inspection of the facility, there are a variety of things you will want to check, including:

—the condition and layout of the building and the grounds;
—the qualifications of the staff, and the ratio of the staff to residents;
—the quality of the residents' rooms;
—the recreational and social services that are available; and
—the quality of the meals.

These questions may take more than a single visit to answer. Do not feel rushed into making a decision.

Financing Nursing Home Care

Nursing home care is costly. To pay for such care, look to your personal resources prospective and your family's, if appropriate, and the Medicare and Medicaid programs. Both Medicare and Medicaid, however, have significant limitations.

Medicare only helps pay for 100 days of skilled care in a nursing home following a related hospital stay, and even then, there is a sizable copayment after 20 days that frequently is greater than the actual costs of care. Currently, Medicare pays for under 2 percent of all nursing home costs. Medicare supplemental insurance pays even less.

Medicaid, on the other hand, finances about 40 percent of all nursing home expenditures. However, coverage is only available to eligible persons and nursing home residents who cannot afford to pay for their care. Your local Medicaid agency can provide you with more information about program eligibility.

At present, there is little relief available to those seeking protections against the costs of nursing home care. An emerging option, however, are long-term care policies available from the private insurance industry. While such policies are worth considering, they typically offer very limited coverage for services provided in a nursing home, as well as those provided through home care. They also tend to be costly. For those with incomes under $20,000 and assets under $30,000 (excluding a home), these policies are not advisable.

Other Options

If nursing home placement is not the most appropriate care, there may be other options available. For example, placement in a residential care facility or continuing care retirement community may be more suitable. For those who are able to stay at home with some outside assistance, home health care, adult day care, and respite care should also be considered. Keep in mind, however, that Medicare and Medicaid coverage for these types of long-term care are also very limited.

Long-Term Care Ombudsman

If you, or a family member, already reside in a nursing home it is important to know where to go for help if a problem arises concerning the quality of care in the home. When efforts fail to resolve such problems with the staff or the management of the home, contact should be made with the long-term care ombudsman. The ombudsman is empowered by the government to investigate and resolve complaints made by, or on behalf of, individuals living in a nursing home.

An ombudsman handles problems ranging from lack of privacy and dignity, to missing possessions, and the transfer of residents against their will. As part of the investigation, an ombudsman has access to the nursing home, and the resident has the right to meet privately with him or her to discuss the complaint.

To find out more, contact your State long-term care ombudsman, nearest legal services for the elderly office, local senior citizen center, or local Area Agency on Aging. There is no charge for the ombudsman's services.

For More Information:

How to Evaluate and Select a Nursing Home. People's Medical Society, 14 East Minor Street, Emmaus, Pennsylvania 18049.

Nursing Home Life: A Guide for Families and Residents. American Association of Retired Persons, 1909 K Street, N.W., Washington, D.C. 20049. **Free of Charge.**

Living in a Nursing Home: A Complete Guide for Residents, Their Families, and Friends. Sarah Burger and Martha D'Erasmo. Crossroad Publishing, 370 Lexington Avenue, New York, New York 10017.

Medicare and Medicaid Nursing Home Information is a multi-volume publication published by the Department of Health and Human Services that provides information on every nursing home in the United States that is certified and licensed by the Medicare and Medicaid programs. It can be found in public libraries.

The National Citizens Coalition for Nursing Home Reform is an organization that helps local organizations work for nursing home reform and improvements in the long-term care system to improve the quality of life for older persons. National Citizens Coalition for Nursing

Home Reform, 1424 16th Street, N.W., Suite L–2, Washington, D.C. 20036.

A Handbook About Care in the Home. American Association of Retired Persons, 1909 K Street, N.W., Washington, D.C. 20049. **Free of charge.**

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